

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 3075		Registrar's No. 94	
1. PLACE OF DEATH a. COUNTY <u>Butler</u> <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> <u>1123</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>South Poplar Bluff</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>120 West Stanley</u>							
3. NAME OF DECEASED (Type or Print) <u>RUFUS</u>		a. (First) <u>LEE</u>		b. (Middle) <u>HEDGE</u>		c. (Last) <u>12/24/50</u>	
4. DATE OF DEATH <u>12/24/50</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Jan. 1, 1872</u>		9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR <u>11</u> Months <u>22</u> Days		11. UNDER 1 YEAR <u>11</u> Hours <u>22</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret-Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			
11. BIRTHPLACE (State or foreign country) <u>Terre Haute, Ind.</u>				12. CITIZEN OF WHAT COUNTRY? <u>/</u>			
13a. FATHER'S NAME <u>David Hedge</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Nancy Hedge.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R.W. Crowell....Dexter. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>12-23-</u> , 19 <u>50</u> , to <u>12-24-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-23-</u> , 19 <u>50</u> , and that death occurred at <u>12:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>H. Bond M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>12-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/27/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillis Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-3-51</u>		REGISTRAR'S SIGNATURE <u>Velma V. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FRANK-COTRELL....Poplar Bluff, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 9 1951

DISTRICT HEALTH OFFICE No. 6

No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed

George P. Kerby

Signed.....
Student Embalmer

Licensed Embalmer No. *4752*

P. O. Address

Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.